



NICE guideline (NG197) — Shared decision making: Key recommendations for healthcare professionals

The National Institute for Health and Care Excellence (NICE) has published a new guideline on shared decision making.¹ According to NICE, shared decision making is “a collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care”. NICE reports that the guideline includes recommendations on “training, communicating, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices”.

Embedding share decision making at an organisation level

- An organisation should have a senior leader who is accountable and responsible for embedding shared decision making across the organisation. This senior leader should work with one (or more) senior healthcare professional and a “patient director” (from a healthcare service user background) to become organisation-wide “champions” for promoting shared decision making.

Supporting healthcare professionals’ skills and competencies

- Organisations should ensure that all healthcare staff have the relevant knowledge, skills, and confidence to support shared decision making; therefore, these should be included in the induction, training, and continuing professional development of all staff.
- Training and developing, in terms of shared decision making, for healthcare professionals should include: the need to encourage people to discuss what is important to them; the importance of communicating with people in a way that they understand (i.e., avoid jargon); and ensuring people understand the choices available to them.

Promoting shared decision making to people who use services

- Organisations (e.g., a GP clinic) should actively promote shared decision making to the people that use their services (i.e., their patients); materials promoting shared decision making should encourage service users to ask themselves “What are my options?”, “What are the possible benefits and risks of those options”, and “How can we make a decision together that is right for me?”

Putting shared decision making into practice

- Organisations should offer service users information and resources to promote shared decision making at various points in the care journey. For example, before, during, and after any discussions about care. This is to ensure they are fully involved in any decisions about their care.
- Service users should be offered the opportunity to involve someone they trust (such as a friend or relative) in discussions about their care to help them understand what matters most to them and to help them make decisions about their care.
- Offer to arrange additional support for those who may find participating in shared decision making difficult. For example, providing an interpreter for someone who is not fluent in

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English. This is particularly important if they do not have (or do not want) a friend or relative etc. to support them.

- Provide information that is reliable and medically accurate. For example, information from an organisation (such as Arrhythmia Alliance) that is NHS accredited. The provided information and resources should be accessible to the service user — for example, if they are visually impaired, a digital leaflet they can read with a “text-to-speech” tool — and in their preferred format (for example, an app rather than a leaflet).

During a discussion

- Prior to any discussions about care, agree an agenda with the service user — this should cover the priorities to discuss and how long the discussion should last.
- If reviewing tests, treatments, and interventions, explain the risks and benefits of each option — including those of not having any treatment. Specifically, this information should be personalised (where possible) to them to help them understand what the risks and benefits are to them personally. Discussions about risk and benefits should also include the degree of certainty (or lack thereof) associated with this information.
- Review with the service what they expect to happen from a treatment/intervention and clarify any misconceptions that they may have.
- Allow time for questions and give the service user the opportunity for further discussion if required. Also allow the service user, and anyone who they choose to be involved, appropriate time to make decisions about tests, treatment, or interventions.
- Respect that a service user may have different views, from healthcare professionals, about the risks and benefits of treatments.
- At the end of a discussion, review with the service user any decisions that have been made, what the next steps are, and when the decision will be reviewed. Give them the option to review the decision earlier than agreed and make clear that they can change their mind about any decisions that have been made.
- When making a record of the discussion, record any decisions that been made along with details of what the service user said was important to them when making those decisions. Offer to share this report with the service user (e.g., in a post-clinic letter).

After a discussion

- Offer service users information, in their preferred format, to help them understand what was discussed and what has been agreed. This information should provide details of who to contact if they have any further questions.
- Post-clinic letters should be addressed to the service user rather than their healthcare professional (e.g., the GP who referred them).

Patient decision aids

- Use patient decision aids as one part of an overall toolkit to support shared decision making. Patient decision aids are, NICE report, designed to help people take part in decision making about healthcare options. They provide information on the options and help people to think about, clarify, and communicate the value of each option to them personally.

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References

1. NICE guideline (NG197). Shared decision making. June 2021. www.nice.org.uk/guidance/ng197 (date accessed 1 July 2021)

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